

2011 TITLE VI SURVEY RESULTS

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Key Findings

- According to respondents, when elders need services, in the majority of communities (54.1%) they are likely to contact the Title VI program first.
- On average, 30 different services are available to elders in their tribal communities. Home delivered meals, congregate meals, information and referral, medical transportation, social activities, and caregiver assessments are provided in at least 90% of communities.
- In addition to OAA Title VI funding, other program funding sources include tribal council (35.5%), OAA Title III (27.4%), fundraising (22.9%), and USDA (19.9%).
- Evidence-based health-promotion and disease-prevention programs are available to elders in over two-thirds (68%) of all Title VI communities.
- On average, respondents maintain 13 formal or informal inter-organizational partnerships. The most common are with health care providers, Indian Health Services, and tribal organizations
- Over two-thirds (64.5%) of Title VI programs indicate that they are developing a system to provide home- and community-based services to older adults.

Background

With a grant from the Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a) partnered with the Scripps Gerontology Center to conduct the 2011 survey of the 249 Title VI Native American programs in the nation. The survey was designed to assess the role of Title VI programs in offering services and supports to elders in their communities.

The survey was launched in July 2011 and data collection concluded in November 2011 with 83% (207) of Title VI programs responding. Previous Title VI surveys were conducted in 2007 and 2009. This brief report provides key findings from the survey as they relate to the following topics:

- The Role of Title VI Programs in Serving Elders
- Expanding the Role of Title VI Programs
- Outreach and Planning
- Opportunities and Challenges
- Training and Technical Assistance Needs

The Role of Title VI Programs in Serving Elders

Role in the Community

Respondents were asked to describe the role of the Title VI program in their community, in one or two sentences. The most common characterizations of the Title VI roles were:

- To provide meals/nutrition
- To provide meals plus socialization
- To provide supportive services
- To be the central point for elder needs
- To enhance quality of life
- To provide caregiver support
- To provide a senior center for elders

Organizational Infrastructure and Geography

Table 1 illustrates the wide variation among Title VI programs in terms of both financial and human resources.

Table 1. Organizational Characteristics

	Average (Mean)	50th Percentile (Median)	Range
Budget	\$603,920	\$134,900	\$8,930 - \$18.7 million
Full-time Staff Working in Title VI Program	4	2	0-33
Full-time Staff Funded by Title VI Program	3	2	0-15
Part-time Staff Working in Title VI Program	5	5	0-26
Part-time Staff Funded by Title VI Program	2	2	0-21
Volunteers	5	4	1-40

Title VI programs overwhelmingly serve rural and frontier areas, and nearly half are part of other departments in their tribes.

Area served – proportion of Title VI programs that serve the following areas:

- Rural- 63.0%
- Mix of urban, suburban and rural- 17.1%
- Remote or frontier- 15.6%
- Urban- 2.4%
- Suburban- 1.0%

Structure – proportion of Title VI programs situated in their tribes as follows:

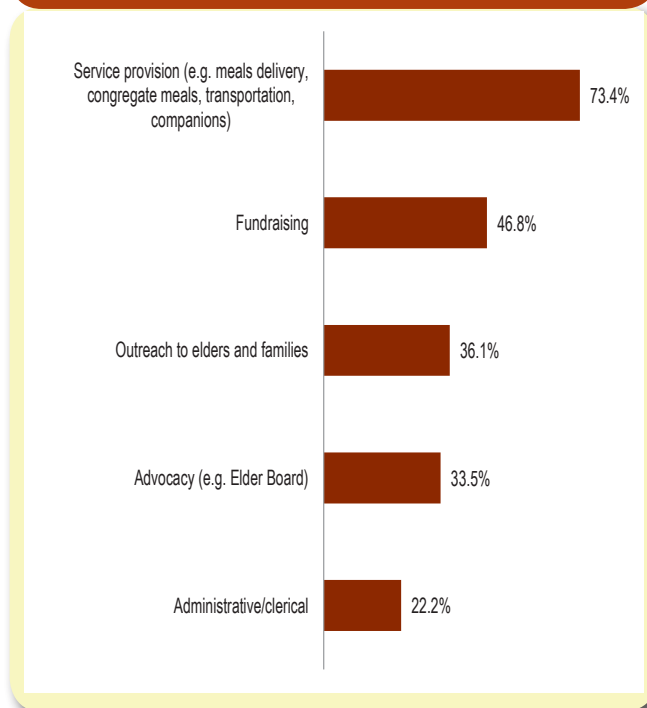
- Independent department or division in tribe- 33.7%
- In a tribal health department- 16.3%
- In a tribal social or human services department- 24.8%
- In another tribal department- 7.4%
- In an inter-tribal council- 4.5%
- A part of a tribal consortium- 8.9%
- Other- 4.5%

On average, Title VI programs provide services from two sites or offices, but the number of sites and offices ranged from 0 to 31. The time it takes to travel from the main office to the most remote home of an elder ranges from one minute to 24 hours with an average of two hours. It should be noted that some Title VI program staff need to take a flight, boat or walk in order to reach an elder. This time is reflected in the above numbers.

Volunteer Service – Among Title VI programs that use volunteers, the average total number of work hours provided by all volunteers during a typical week is close to 24.

- Nearly eight in 10 (78.2%) of Title VI programs rely on volunteers to assist with a variety of activities and to assume a number of responsibilities within the program. *Among the programs that use volunteers*, nearly three quarters (73.4%) indicate they use volunteers for service provision such as meal delivery, transportation or companion care, as shown in Figure 1.

Figure 1. Proportion of Title VI Programs That Use Volunteers in Specific Areas



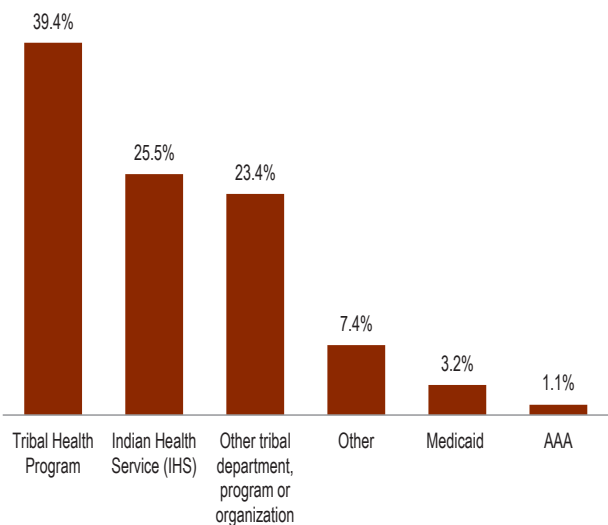
- Of those who indicated that volunteers are used for other activities, the most commonly named activities were: cleaning, general maintenance of building (inside and out); event planning and assistance; and general assistance with daily programs.
- Advisory board membership is another form of volunteerism. Over half (50.2%) of Title VI programs indicated that they have an advisory board/committee for their Title VI program. Nearly half (48.2%) of Title VI programs have in place or have made progress toward acquiring advisory board/governance support for providing home- and community-based services.

Providing Essential Long-Term Services and Supports

Within any given tribe, elders can access a number of services. Title VI may manage or administer a few or many services on their own; another tribal department or non-tribal program may manage elder services; or Title VI programs and other tribal entities may coordinate to provide services.

- Over half (54.1%) of respondents indicate that when an elder in their community needs services, the Title VI program is the program they are likely to contact first.
- If an elder is likely to contact another program or department instead of the Title VI program, it could be a tribal health program (39.4%), Indian Health Service (IHS) (25.5%), or another tribal department, program or organization (23.4%), as shown in Figure 2.

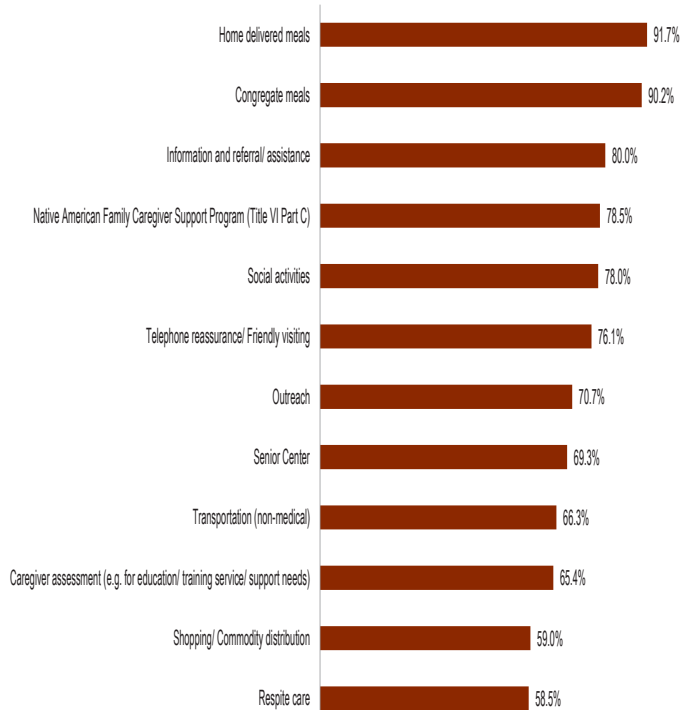
Figure 2. Specific Program or Department Elders Are Most Likely to Contact First for Community-Based Long-Term Care Services



Survey respondents were asked to identify, from a list of 40, which services the elders in their community have access to and who manages the service.

- Overall, regardless of who manages or administers the service, an average of 30 services is available to elders in the tribal community. The most common services include home delivered meals (97.1%), congregate meals (96.1%), information and referral (93.7%), medical transportation (91.7%), social activities (91.7%) and caregiver assessments (91.3%), with over 90% of tribes having all of these services available to the elders in the community.
- As shown in Figure 3, Title VI programs play a central role as the provider or administrator for a number of programs and services. The most common services administered or provided by Title VI programs include home delivered meals, congregate meals, information and referral/assistance, Native American Family Caregiver Support Program (NAFCSP) and social activities.
- On average, Title VI programs manage 14 services.

Figure 3. Proportion of Title VI Programs That Manage Specific Services



As mentioned above, other entities within a tribe may, and often do, take a major role in providing or administering services for their elders. The Indian Health Service (IHS), other tribal programs, and non-tribal programs serve as the primary administrator for some services, the most common of which are shown below. In most cases, Area Agencies on Aging (AAAs) do not play a significant role in either providing or administering services for the elders of a tribal community.

Indian Health Service

- Medication management
- Mental health services
- Assistive devices (e.g. walker, hearing aids)
- Home health (medical)
- Benefits/Health insurance counseling

Other Programs (Tribal)

- Home repair and maintenance (e.g. replacing a broken window, repairing leaks)
- Home modification (e.g. shower rails, grab bars)
- Elder abuse prevention services
- Elder abuse intervention services
- Managing personal affairs and finances (e.g. public fiduciary services, personal payee services)

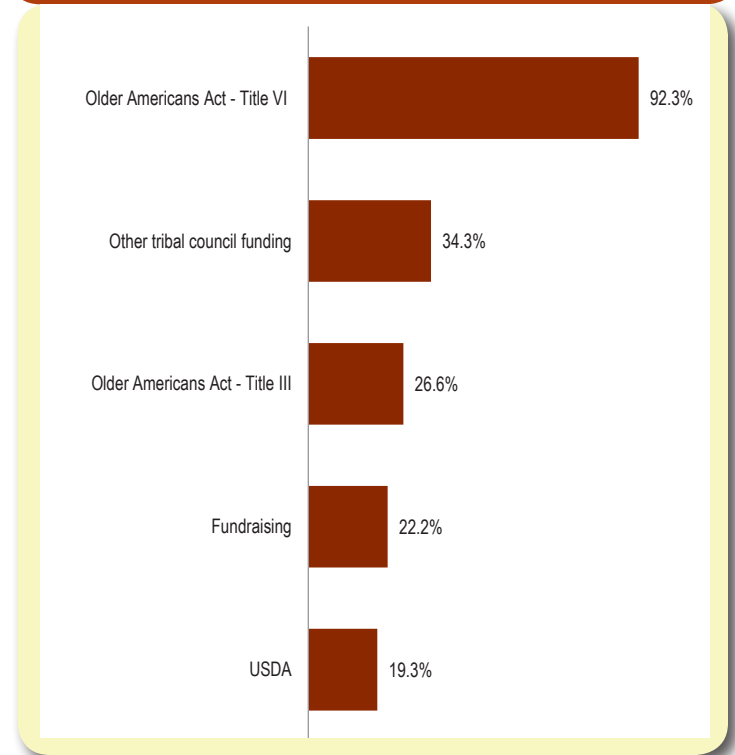
Other Programs (Non-Tribal)

- Adult day service (services provided in group setting outside of home)
- Ombudsman (official long-term care services advocate)
- Emergency response system (e.g. Lifeline)

Respondents were asked to indicate which funding sources are included in their Title VI budget to fund the services that are managed by their own Title VI program.

- The Older Americans Act (OAA) was identified by the largest proportion of Title VI programs as a major source of funding for the services they provide with 92.3% of respondents indicating they have Title VI Part A or B and Part C or Title VI Part A or B only, as shown in Figure 4.
- In addition, Figure 4 shows Title VI programs also identified other tribal council funding (34.3%), OAA Title III (26.6%), fundraising (22.2%), and USDA (19.3%) as sources of funding for their services and programs.
- On average, Title VI programs have three sources of funding.

Figure 4. Proportion of Title VI Programs Receiving Funds from Various Sources for the Supportive Services They Manage



The Expanding Role of Title VI Programs

Target Groups and Expanding Services

Title VI programs are involved in a number of activities and programs to help elders, as well as other age groups, remain healthy and independent within their communities. Over forty percent (45.3%) of Title VI programs indicate that they have in place or have made progress toward expanding the types of programs and services they offer. In addition, over forty percent (40.8%) have in place or have made progress toward expanding the target groups they serve, including individuals of different age groups.

- Over forty percent (45.8%) of Title VI programs indicated that in addition to elders, they serve other age groups.
- As shown in Figure 5, *of the 45.8% of Title VI programs who do serve individuals from other age groups*, nearly a third (30.0%) serve all age groups in at least some programs; 40.4% serve adults (ages 18 and up to Title VI eligibility age) in at least some programs; and 15.1% serve children age 0-17 in at least some programs.

Figure 5. Other Age Groups Served

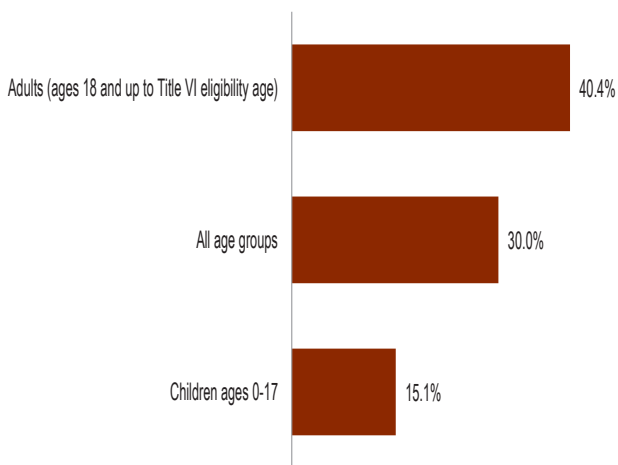
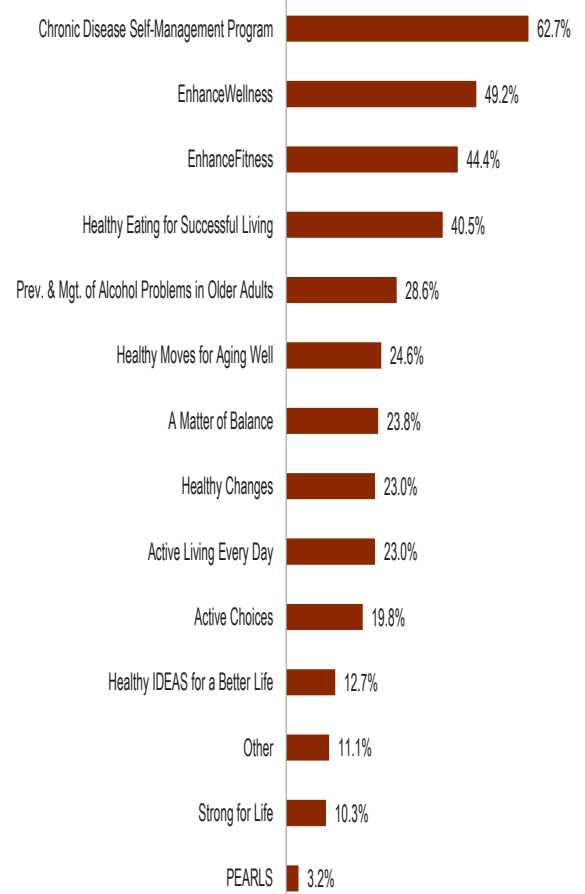


Figure 6. Most Common Evidence-Based Programs Offered (by the 68% offering any evidence-based wellness programming)



Health Promotion and Disease Prevention

Tribal elders have access to health-promotion and disease-prevention activities and services; these services support elders in maintaining an active and healthy lifestyle. Survey respondents were asked to identify, from a list of 11, which health-promotion and disease-prevention activities and services elders in their community have access to and who manages the service.

- Overall, regardless of who manages the service, an average of eight health-promotion and disease-prevention activities and services are available to elders in tribal communities.
- The most common services include nutrition counseling and education; routine health screenings; general health promotion; and diabetes management and prevention programs. Over 90% of tribes have those services available.
- Over two-thirds of all Title VI respondents (68.0%) indicated that within their tribe, evidence-based programs (previously tested and documented to prevent or manage chronic disease or disability) are available to elders in their community, regardless of who manages them.
- *Of those who offer evidence-based programs*, the most common specific evidence-based programs offered include the “Chronic Disease Self-Management Program” (62.7%), “EnhanceWellness” (49.2%), and “EnhanceFitness” (44.4%), as shown in Figure 6.

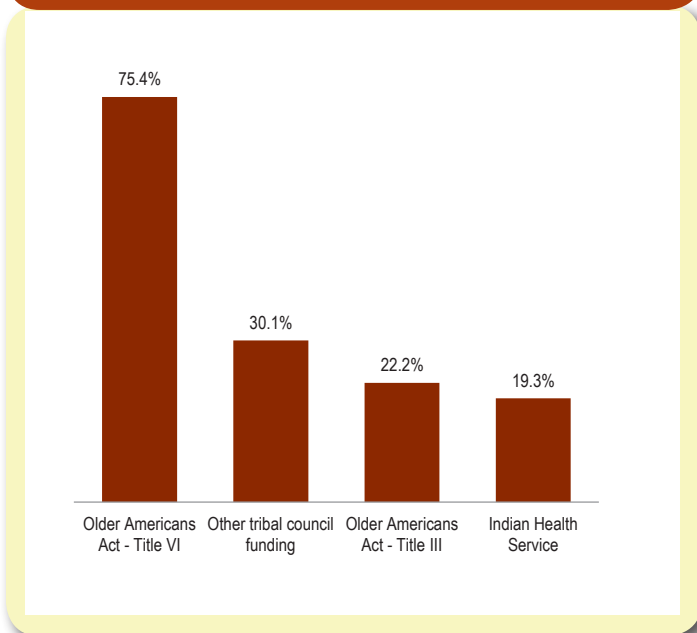
Health-promotion and disease-prevention activities are more likely to be provided or administered by Title VI programs and Indian Health Service (IHS), while less likely by Title III (AAAs), other tribal programs or other non-tribal departments.

- Title VI programs frequently have the central role in offering caregiver support programs, general health promotion activities, nutrition counseling and education and home injury prevention.
- IHS is more likely to have the central role in offering routine health screenings, medication management, mental health screenings or programming, evidence-based programs to prevent/manage chronic disease or disability and disease-specific support programs. Other tribal entities have a more central role in offering diabetes management and prevention programs.

Respondents were asked to indicate which funding sources are included in their Title VI budget to fund the health-promotion and disease-prevention services managed by their own program.

- The largest proportion (75.4%) of Title VI programs identified Title VI Older Americans Act dollars as a major source of funding for such services.
- Title VI programs also identified other tribal council funding (30.1%), OAA Title III funding (22.2%), and Indian Health Service (19.3%), as shown in Figure 7.

Figure 7. Evidence-Based Health-Promotion and Disease-Prevention Funding Sources

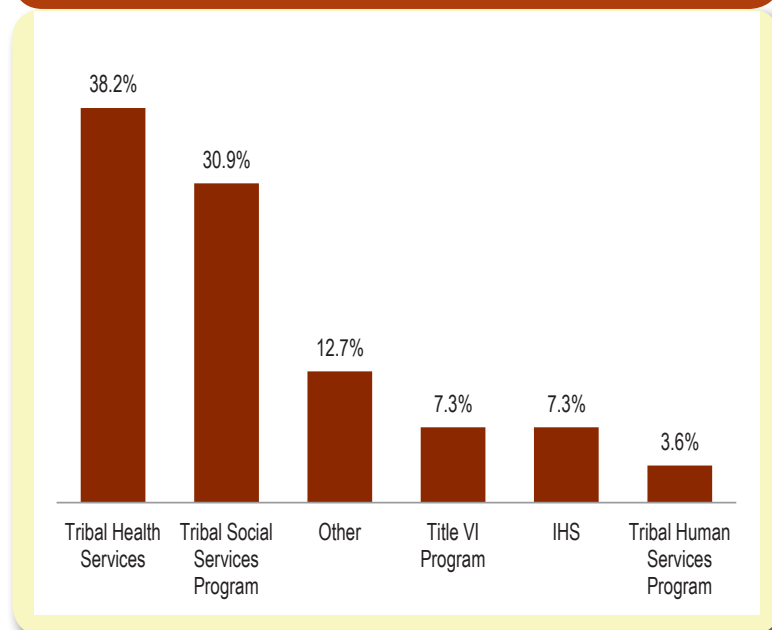


Helping Elders Remain Independent and in the Community

- Serving elders at greatest risk of needing to move from their homes because their needs for assistance have increased or their family care support systems have changed is an important role for community-based long-term care systems. Over half of the Title VI programs (55.7%) say the elders with greatest need get priority for services, while 43.7% say that all elders get the same level of service regardless of their situation.

- Capacity for institutional care within tribal communities is a rarity. Only 6.8% of the respondents indicated that they have a tribal nursing home and 9.0% have a tribal assisted living facility. An additional 9.1% and 13.5% respectively have made progress toward building a tribal nursing home or an assisted living facility.
- The lack of tribal nursing homes and the distance to the closest nursing home may explain why the large majority (72.5%) of Title VI programs do not have a special program that helps elders who are currently in a nursing facility or other residential care setting on a perceived permanent basis transition back to the community with the support of in-home care.
- *Among those who have a special program for transition (27.5%),* 38.2% indicated that Tribal Health Services manages the special program and 30.9% indicated the special program is managed by the Tribal Social Services Program, while only 7.3% indicated the Title VI program manages this program (see Figure 8).

Figure 8. Proportion of Entities Who Manage the Special Program That Helps Elders Currently in Institutional Settings Transition to the Community



- In addition, *of those who have the special program*, 50.9% indicate it is funded by tribal council funds, 24.5% indicated Medicaid home and community-based long-term care waiver services are used to fund the program and 18.9% indicate no additional funds are used for the program (see Figure 9).

Developing and Maintaining Partnerships

- Respondents were asked to indicate, from a list of 26, which tribal, local, state, or national partnerships they maintain and whether the partnership is an informal working partnership or a formal working partnership for which they have a contract, compact, tribal resolution or memorandum of agreement. On average, respondents maintain 13 partnerships, with varying levels of formality. The most common partnerships, held by over 70% of the respondents, are those with health care providers (e.g. hospital, public health or Indian health service clinic, physician office), Indian Health Services and tribal organizations, as shown in Figure 10.
- On average, respondents had 10 informal partnerships, and three formal partnerships. For every organization listed, except Area Agency On Aging (Title III), the Title VI program was more likely to have an informal partnership with that organization. The most common informal partnerships include those with faith-based organizations (92.5%), other social services organizations (e.g. shelter, food pantry, local 211 organization) (90.7%), charitable organizations (e.g. United Way, Easter Seals, Red Cross) (89.7%) and businesses (e.g. national and local businesses, fiscal intermediaries) (86.7%). The most common formal partnerships include those with Area Agencies on Aging (Title III) (54.5%), the state unit or department of aging (48.7%), or a Tribal consortium (47.1%).

Figure 9. Special Transition Program Funding Sources

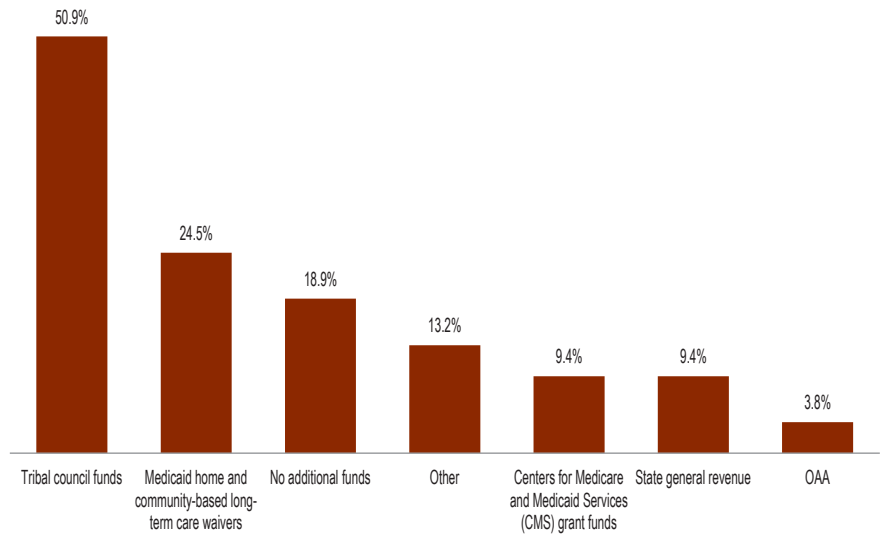
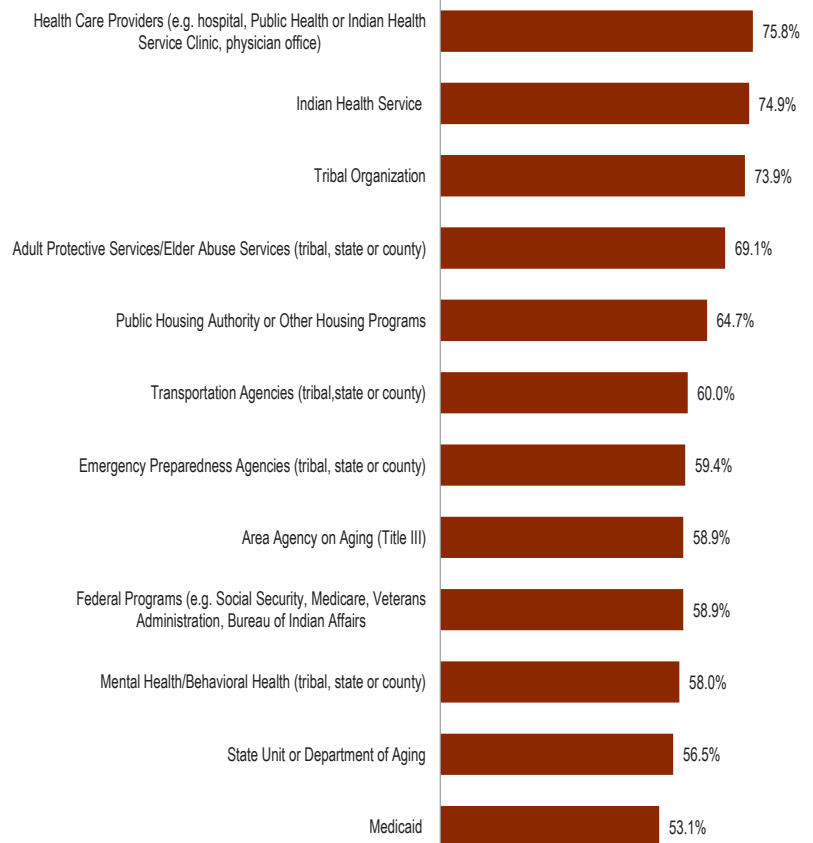


Figure 10. Proportion of Title VI Programs in a Partnership (either formal or informal) with Specific Entities



AAA and Title VI Relationships

AAAs and Title VI programs are required by the OAA to have a formal collaboration agreement. Over two-thirds (58.9%) of Title VI respondents report having a partnership with AAAs, and over half (54.5%) identify this as a formal partnership.

- In response to questions about actual collaborations with AAAs, more than a third (35.6%) indicate they have developed collaborations with their local AAA; while 31.9% have made progress; and 22.0% plan to but have not started the process. Just over 10.5% said that they would like to but cannot or do not plan to work on this collaboration.
- Title VI respondents who indicated that they made progress or had in place developing collaborations with their local Title III (AAA) agency, were asked to rate their involvement, if any, in specific activities. Over half (50.5%) indicated they receive funding from their local AAA, nearly six in 10 (58.3%) indicated the AAA provides services in their community and 56.9% indicated that Title VI programs and the AAA attend meetings and events together, as shown in Figure 11.

Client-Directed Services

- Client-directed services are provided in 16.1% of Title VI programs. *Of those who provide them*, the most common services provided with a client-directed option include respite care (72.7%), home-delivered meals (57.6%) transportation (48.5%), chore services (42.4%), homemaker (39.4%) and assistive devices (36.4%).
- Of the 16.1% of Title VI programs that do provide client-directed services*, 58.1% indicated that their program offers consumers the ability to directly hire workers, 54.8% indicated they allow a representative (e.g. friend, family member) to help manage care and services and 48.4% say clients have the ability to purchase goods and/or services.

Figure 11. Involvement in Local AAA Collaboration Activities

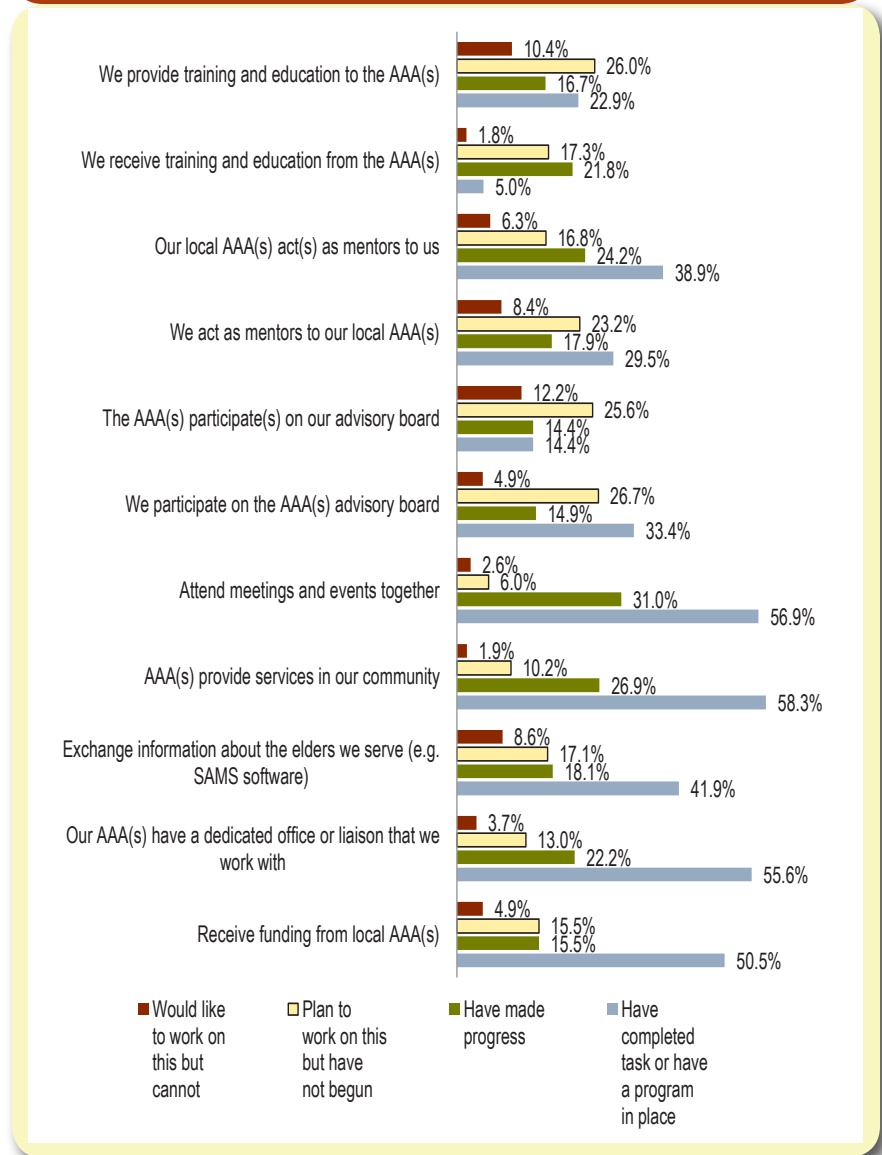


Figure 12. Proportion of Title VI Programs Working to Monitor and Improve Services to Elders

Outreach and Planning

Quality Orientation

Title VI programs are involved in efforts to collect and use information from their elders, and to monitor and improve the services they provide. Eight in 10 (79.2%) are involved in conducting a needs assessment in their area and 70.2% use information they gather from elders to improve the services they offer. Nearly half (45.7%) have developed or are making progress toward developing relationships with universities or research centers to evaluate programs and services (see Figure 12).

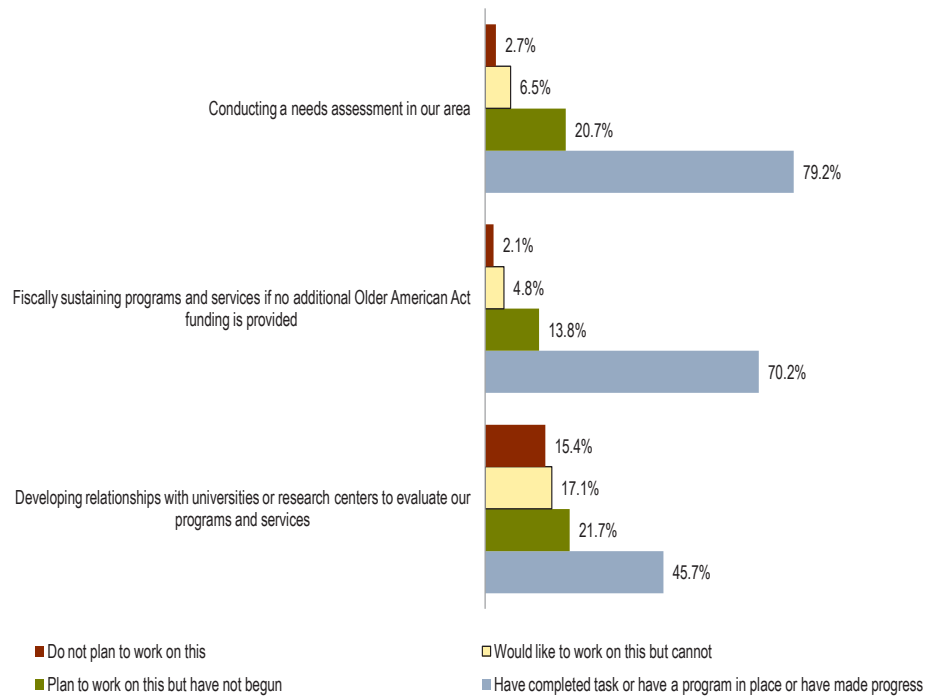
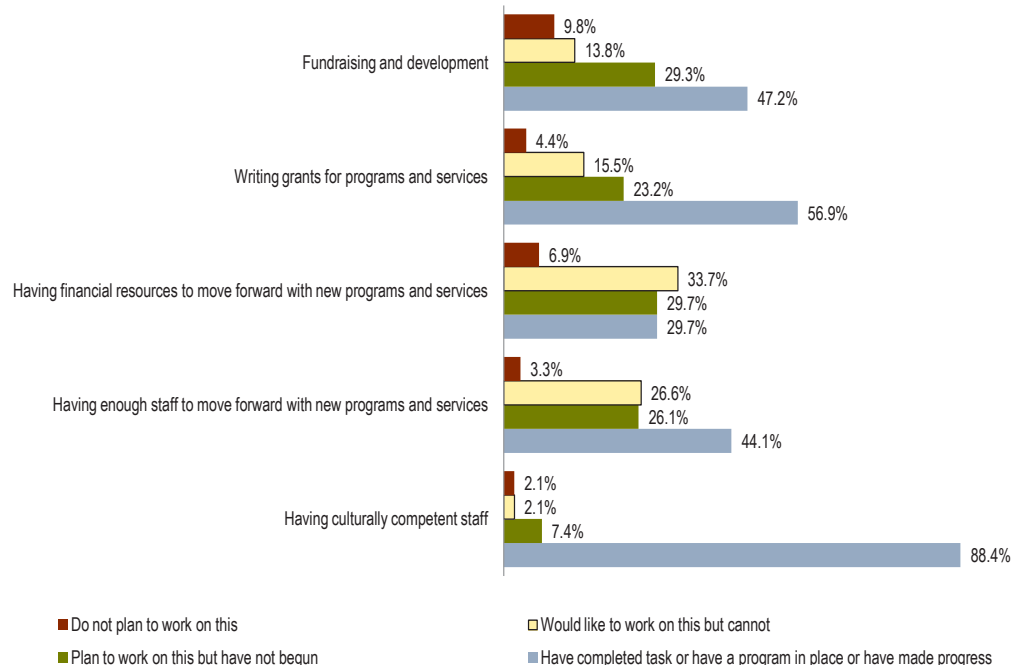


Figure 13. Capacity-Building Activities Among Title VI Programs

Capacity Building

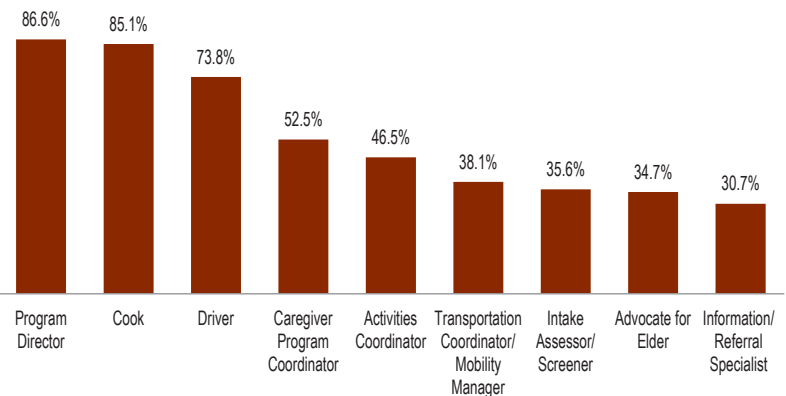
Title VI programs are involved in activities to build the capacity of their programs in order to continue to provide services effectively and efficiently. The most prominent capacity-building activities are related to fundraising, grantwriting, and cultural competency of staff (see Figure 13).



Workforce development is another example of how Title VI programs are building capacity to meet the current needs of the elders in their community and planning for future needs. Title VI respondents were asked, from a list of 25, to indicate the positions they currently have on staff and the positions they will need to add in the next five years.

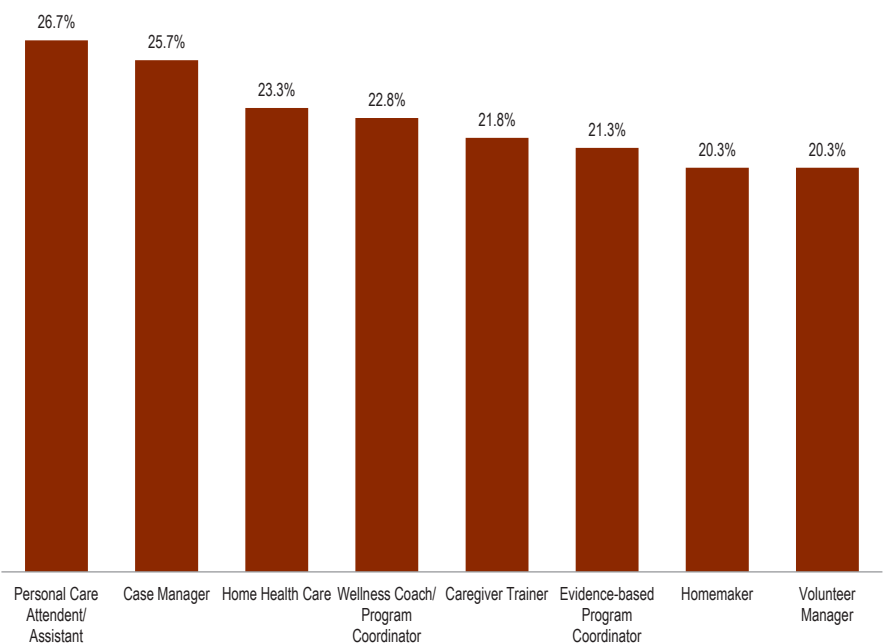
- Figure 14 shows the most common positions currently working in Title VI programs which include program director (86.6%), cook (85.1%), driver (73.8%) and caregiver coordinator (52.5%). These positions reflect the core services illustrated in Figure 3 that are managed by Title VI programs.
- A quarter (25.1%) of Title VI programs indicate they are planning for new types of positions based on future needs in their community. One-third (35.2%) indicate they plan to do this but have not begun, while 39.1% indicate they would like to plan for new types of positions but cannot or do not plan to work on this.

Figure 14. Current Staff Positions in Title VI Programs



- Figure 15 shows the most common positions Title VI programs indicate they will need to add or expand in the next five years. These include personal care attendant/assistant (26.7%), case manager (25.7%), home health aide (23.2%) and wellness coach/program coordinator (22.8%). These positions reflect the future needs of elders in their community and the expanding role of Title VI programs in providing these services.

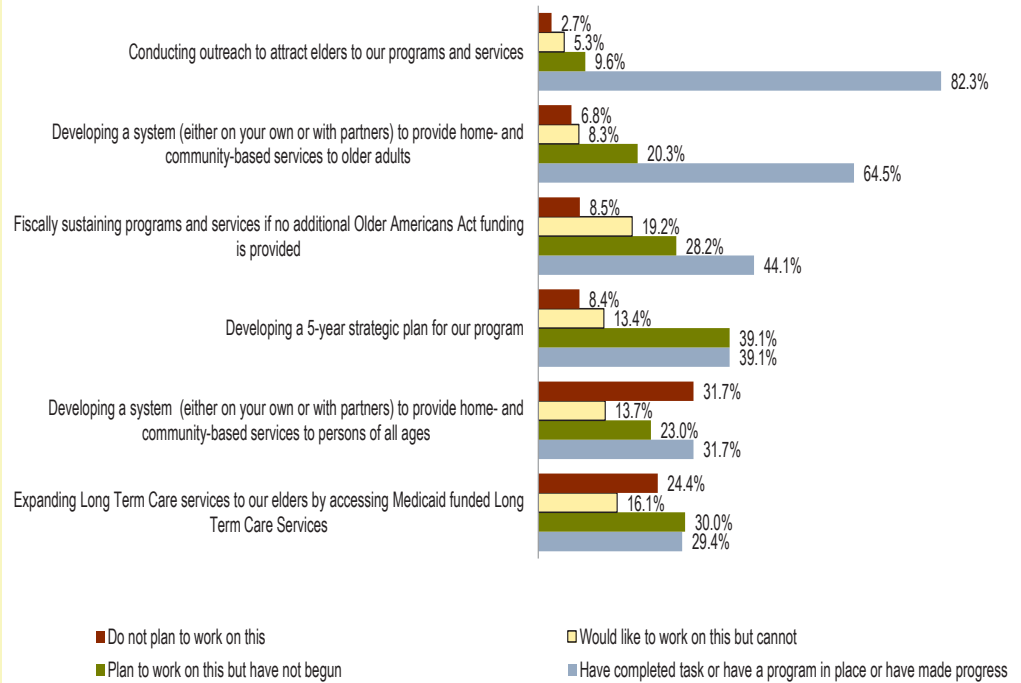
Figure 15. Proportion of Title VI Programs Who Plan to Expand Staff Positions Over the Next 5 Years



Planning and Business Strategy

As Title VI programs expand their role in the long-term care services and supports system, they are involved in a number of business planning activities and outreach strategies. Sixty-four percent of Title VI programs indicate that they are developing a system to provide home and community based services to older adults, and over three quarters (82.3%) have made progress toward conducting outreach to attract elders to their programs. Areas for greatest potential growth include developing a system (either on their own or with partners) to provide home- and community-based services to persons of all ages and expanding long-term care services to elders by accessing Medicaid funded long-term care services (see Figure 16).

Figure 16. Proportion of Title VI Programs Involved in Business Planning and Outreach Activities

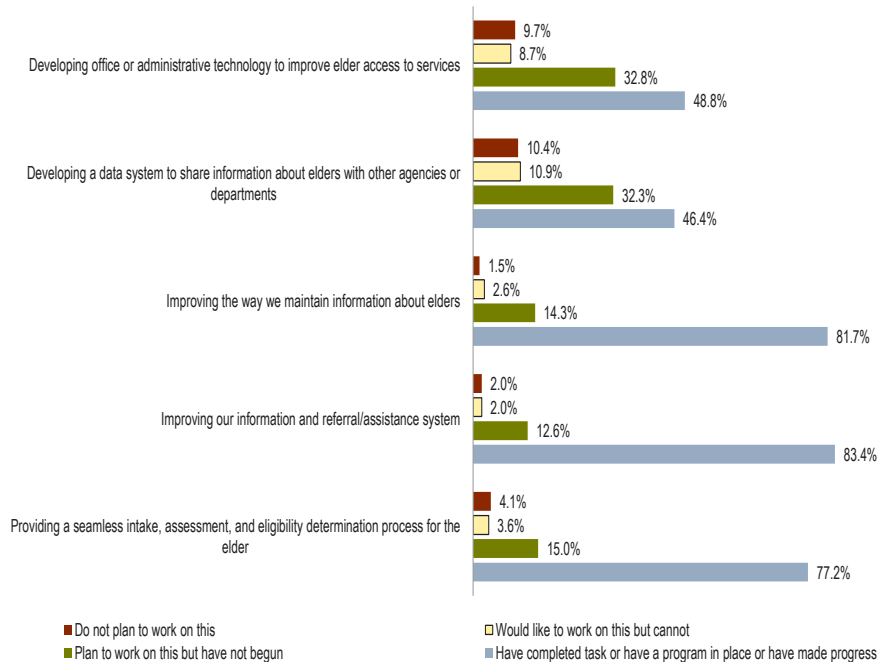


Improving Access

Title VI programs are involved in a number of activities that function to improve the ways in which they can effectively and efficiently serve elders.

- Over 80% of Title VI programs already have made or are making progress towards improving the way they maintain information about elders and improving their information and referral/assistance programs (see Figure 17).
- Areas for Title VI growth include developing a data system to share information about elders with other agencies or departments and developing technology to improve an elder's access to service (see Figure 17).

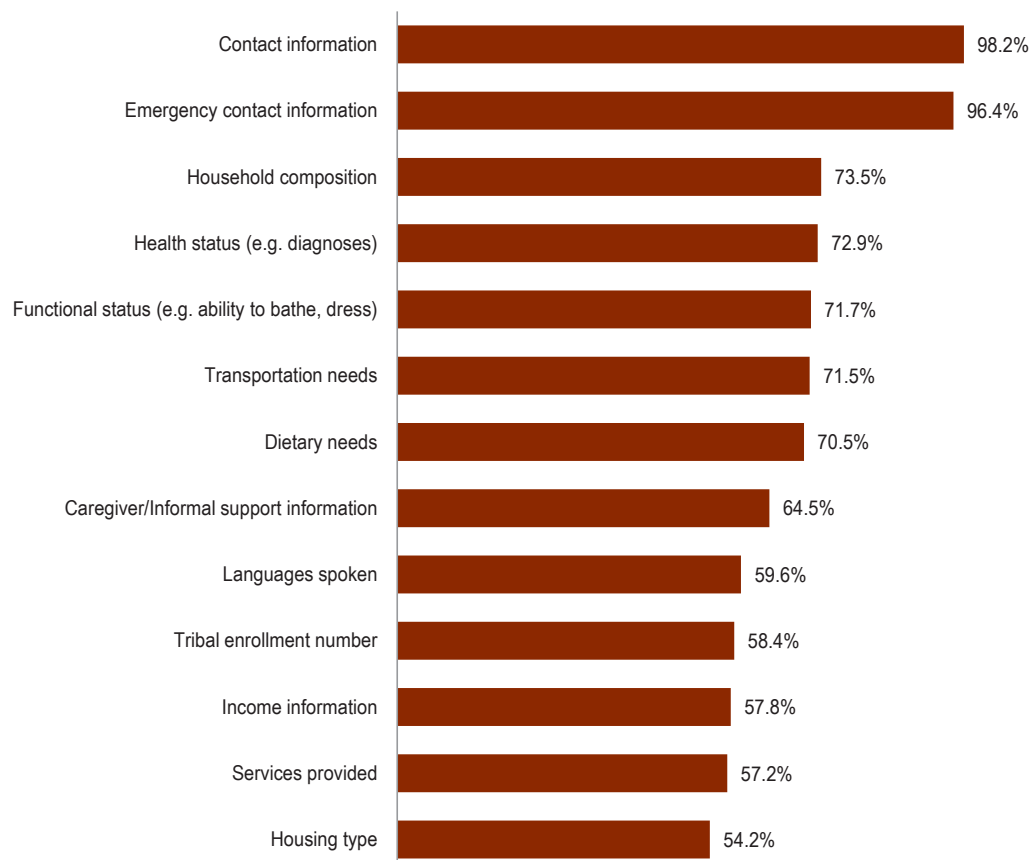
Figure 17. Proportion of Title VI Programs Working on Improving Access to Services



Respondents were asked to identify how their Title VI program maintains information about their elders.

- Over eighty percent (81.8%) of Title VI programs indicate clients have individual records regardless of the service they receive.
- Over sixty percent (61.8%) maintain information about their elders both electronically and on paper while 38.2% maintain information on paper only.
- The most common type of information maintained about elders includes: contact information, emergency contact information, household composition and health status (e.g. diagnoses) (see Figure 18).

Figure 18. Proportion of Title VI Programs that Maintain Specific Information about Their Elders



Program Growth, Opportunities and Challenges

As Title VI programs continue to serve the elders in their communities, they confront several challenges and opportunities for growth. Over three-quarters (77.6%) of Title VI programs have been faced with the likelihood of running out of funds for the services they have planned, such as meals. That 77.6% were asked to indicate what their program does in this situation (see Figure 19).

Of that 77.6%:

- Nearly two-thirds (64.6%) request additional funding from the tribe.
- 46.8% seek grants or other funding sources.
- Over a quarter serve the same number of people but reduce the amount of services provided to each elder (29.1%) and/or give priority to elders with the greatest need (reduce services for some elders but not others) (26.6%).
- Over one-quarter (25.9%) hold fundraisers.

Participants were asked to identify to what extent they agree or disagree with a number of statements related to challenges they face or opportunities they have to provide services to elders in their communities.

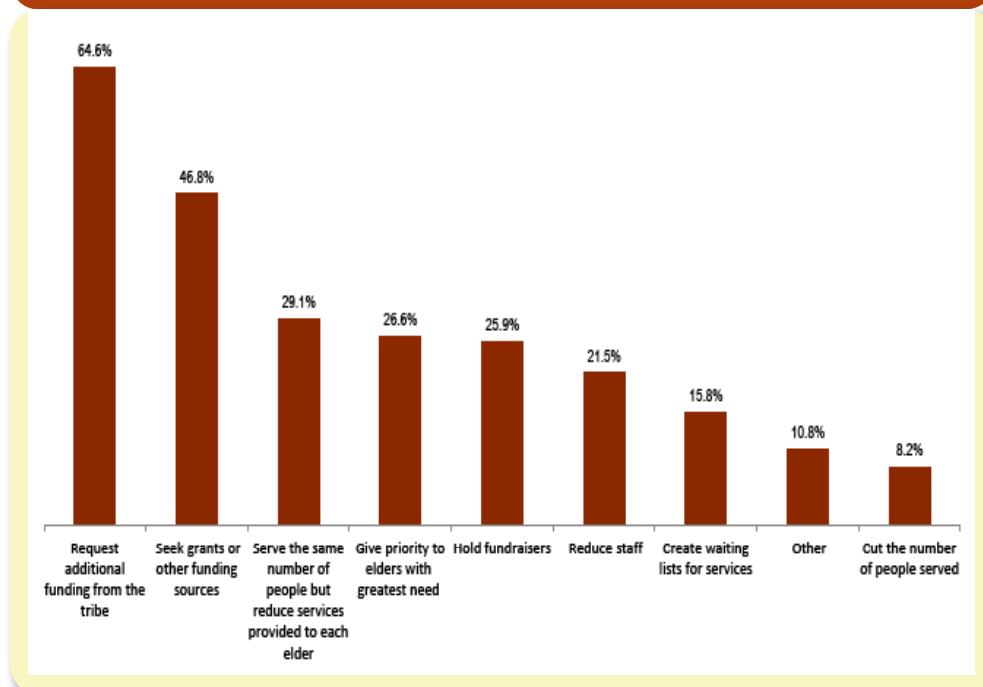
Opportunities

- 94.0% agree that partnerships with other organizations have strengthened their program.
- 91.3% indicate that they are always looking for new opportunities to do more.
- 55.5% of Title VI programs indicate that they do not wait for directives before implementing new services or new ways to provide them.
- 53.3% indicate that their program does not face competition for expanding their programs or services within their tribe.

Challenges

- 92.4% indicate that increasing expenses limit what they can do.
- 72.0% of Title VI programs indicate their budget is smaller this year than it was last year.
- 69.7% say decisions at their tribal level limit what they can do.
- 69.5% indicate they are generally unable to find the funding to do what they want to do.
- 69.0% of Title VI programs indicate it is difficult for them to take on new opportunities because they can barely do what they are doing now.

Figure 19. Strategies Used by Title VI Programs that Indicated They Face the Likelihood of Running Out of Funds for Planned Services



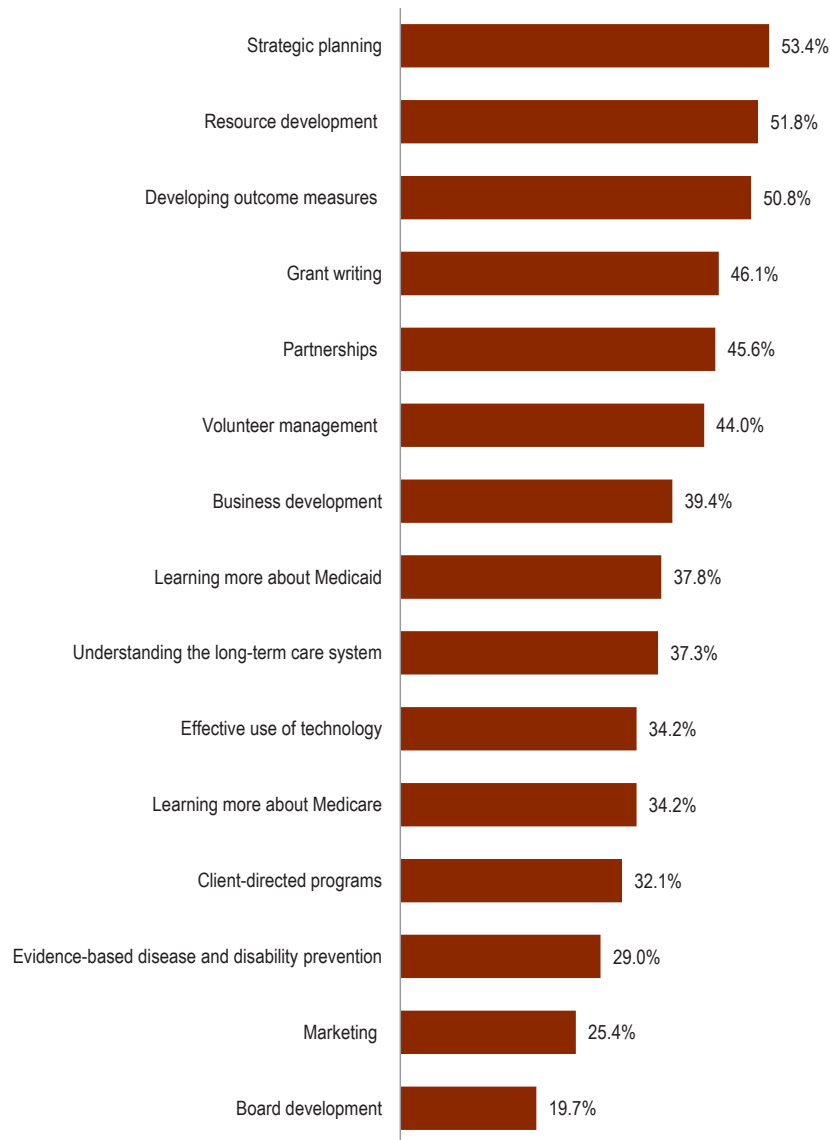
- 59.9% indicate they are faced with competition for funds for services and program within their own tribes.

Technical Assistance

Title VI respondents identified training and technical assistance areas that would most benefit their program in enhancing, developing and implementing home- and community-based long-term care.

- The most common training and technical assistance areas include: strategic planning, resource development, developing outcome measures, grantwriting, partnerships and volunteer management (see Figure 20).
- Title VI respondents were also asked to indicate if their organization participates in the Title VI Peer Consultation program. Less than ten percent (7.8%) of Title VI programs indicate they are peer consultants, 11.4% indicate that they use consultants, while eight in 10 (81.3%) of Title VI programs indicate they do not participate in the Title VI Peer Consultation program.
- Respondents were asked to describe their reasons for not participating in the Title VI Peer Consultation program. The majority of respondents indicated they do not participate in the program because they have not heard of it.

Figure 20. Proportion of Title VI Programs that Identified Training and Technical Assistance Areas that Would Most Benefit Their Program



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